by furnishing you with the visible evidences of your tender of service, viz., the insignia and certificate of the Corps. We wish you to know, however, that your patriotic offer of service to your Government has been received and your qualifications as outlined on the Volunteer Medical Service Corps application blank have been transferred to permanent code cards which are to be preserved as an important record of the war."

## DIPHTHERIA CONTROL.

The importance of preventive medicine is receiving just appreciation in all departments of medicine. Nowhere is this better exemplified than in the case of diphtheria. Here is a disease with a fearful mortality and serious sequelae, which is largely curable when properly treated, and entirely preventable by proper methods. In New York City since the introduction of antitoxin, the diphtheria death rate has fallen from 130 to 20 per 100,000 population and the incidence has fallen 30 per cent. The incidence and death rate was highest in children of pre-school age.

Certain definite and well-supported measures are recommended by Dr. Wm. H. Park of the New York Department of Health. Especially in institutions, children should receive the Schick test for diphtheria susceptibility. Park found susceptibility by ages to be as follows:

Under 3 months	15	per	cent.	susceptibl
3-6 "	30	"	"	"
6—12 "	60	"	"	"
ı— 2 years	70	"	"	"
2-3	60	"	"	"
3-5 "		"	"	"
5—10 "	40 30	α,	"	"
10—20 "	20	"	"	"
Over 20 "	15	"	"	"

Those who are found susceptible by the Schick reaction should then be immunized by hypodermic administration of a toxin—antitoxin mixture, which is as effective as typhoid vaccine against typhoid fever. This injection is harmless, even in infants. One injection immunizes 80 per cent. of susceptibles. Two injections immunize 90 per cent. and three injections immunize 97 per cent. Immunity lasts at least for three years.

These methods are applicable in schools and ought to become a valuable part of the campaign against diphtheria. Prevention is cheaper and more scientific than cure. When prevention fails, in the case of diphtheria, antitoxin should be used early and in large doses. Usually a hypodermic administration of 0.3 cc is safest, and if no reaction ensues, follow in one hour with the total amount. An adult should receive 20,000 units. If the preliminary dose causes reaction, a series of doses at one hour intervals, graded according to severity of reaction, are necessary to detoxify.

It is impracticable to diagnose diphtheria carriers on a large scale by culture. Identification of susceptibles by the Schick reaction and their immunization by a partially neutralized diphtheria toxin is the best procedure.

## EDITORIAL COMMENT.

Do not preach vaccination against typhoid until you and your own family have been vaccinated.

No industry, trade, profession, or society is more democratic than science. She offers equal opportunity to all her followers, regardless of race, creed or finances. She rewards all strictly according to their deserts. Her one requirement is honest and result-getting effort.

It is a paying proposition for any newspaper to conduct a Health Department, edited by someone who guarantees scientific accuracy and authority. It pays in interest to readers and in furtherance of public health, certainly not the least of a newspaper's functions. Moreover, a newspaper cannot consistently run a snappy, scientific, practical Health Department and carry ads of quack doctors and quack medicines.

It is authoritatively stated that diphtheria, tonsillitis, common colds, influenza, scarlatina, and possibly tuberculosis, may be spread by the common drinking cup. The unsanitary privy, the roller towel, the unclean well, and the common drinking cup are four stalwart reasons why rural health is not so good as urban health. The common drinking cup is prohibited by California law and ought to be abolished by common consent.

Philip King Brown describes the peculiar plan and function of the Arequipa Sanatorium for wage-earning women and the results thus far attained.2 Impressed by the fact that tuberculosis is quite as much a social problem as a medical one, the Arequipa Sanatorium planned so as to put great emphasis on all that pertained to the lives of its members and not merely on the tuberculosis. Three organizations are centered in the Sanatorium: one that takes up the problems of the applicants and begins the work with them before admission to the sanatorium; the sanatorium proper; and a committee that follows the women who need a change of job or work for the first time and that follows them year in and year out after they leave. Unusual endeavors are directed to the patient's mental state that this may be as comfortable as the physical well-being. net result of the work is that 68 per cent. of first stage cases have been back at work from one to five years; and 41 per cent. of second stage cases as well.

According to the Bulletin of the Los Angeles Health Department, the maternity service maintained by that department is the only such one maintained by any health department in the United States. In 1917, 369 cases were delivered, 2500 ante-partum house calls were made, and 2700 post-partum calls; 2128 visits were made to the dispensaries by women and 445 by children. Not one mother has been lost since inauguration of the service.

<sup>2</sup> American Review of Tuberculosis, February, 1919.